

# Pre-Registration Inspection Report

2 May 2023



## Live Connected Service

Type of service: Domiciliary Care Agency  
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Assurance, Challenge and Improvement in Health and Social Care

Information on legislation and standards underpinning inspections can be found on our website <https://www.rqia.org.uk/>

## 1.0 Service information

<p><b>Organisation/Registered Provider:</b> Connected Health Domiciliary Care Limited</p> <p><b>Responsible Individual:</b> Mr Douglas Joseph Adams</p>	<p><b>Registered Manager:</b> Miss Shauna Doyle</p> <p><b>Date registered:</b> Application received, registration pending</p>
<p><b>Person in charge at the time of inspection:</b> Miss Shauna Doyle, Registrant manager</p>	
<p>Live Connected has applied to be registered as a domiciliary care agency, supported living type. The agency plans to provide care and support to a number of service users who have a range of health needs.</p> <p>The service users will reside in their own homes in the Limavady, Magherafelt and Larne areas. The agency office will be located in Belfast.</p> <p>Care and Support will be commissioned by the relevant Health and Social Care (HSC) Trust.</p>	

## 2.0 Inspection summary

An announced Pre Registration inspection took place on 2 May 2023, at 10.00 am by a care inspector.

The following areas of the proposed service activity were reviewed:

- Operational matters
- Staffing arrangements
- Service users

### 3.0 How we inspect

RQIA's inspections form part of our ongoing assessment of the quality of services. Our reports reflect how they were performing at the time of our inspection, highlighting both good practice and any areas for improvement. It is the responsibility of the service provider to ensure compliance with legislation, standards and best practice, and to address any deficits identified during our inspections.

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- Statement of Purpose
- Service User Guide
- Application for registration as person responsible for carrying on an establishment or agency
- Application for registration as the manager of an establishment or agency.

Confirmation of a range of relevant documents, policies and procedures relating to the agency were reviewed. This included:

- Policy and procedure manual
- Statement of purpose
- Service user guide
- Staff recruitment policy and procedure
- Induction policy and procedure
- Staff handbook
- Staff contract
- Training policy and procedure
- Staff discipline and grievance policy and procedure
- Adult protection safeguarding policy and procedure
- Whistleblowing policy and procedure
- Management of records and information policy and procedure
- Complaints policy and procedure
- Quality monitoring policies and procedures.

### 4.0 What people told us about the service

This was a Pre-Registration inspection, it sought to assess an application submitted to RQIA for the registration of Live Connected as a domiciliary care agency.

An application was also submitted for the registration of Douglas Joseph Adams as the responsible individual and Shauna Doyle the registered manager.

Areas of good practice were identified in relation to the agency's proposed arrangements for staff recruitment, induction, training and appraisal. In addition, systems have been developed in relation to the process for monitoring quality of the service provided. The required policies and procedures are in place and accessible to staff.

There were no areas for improvement identified during this inspection.

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

## **5.0 The inspection**

### **5.1 Operational**

The agency's Statement of Purpose dated 2 March 2023, was reviewed; it reflects the range and nature of services to be provided and is noted to be in accordance with Regulation 5 (1) Schedule 1.

The agency's Service User Guide dated 6 March 2023, was viewed and was noted to be in accordance with Regulation 6. It was positive to note that it is also provided in an Easy Read format.

The service user agreement/contract is in accordance with the Domiciliary Care Agencies Minimum Standards and outlines any charges. Service users will receive an agreement at the commencement of them receiving a service.

The agency's insurance indemnity certificate was reviewed during the inspection and deemed to be satisfactory.

The agency has in place a range of required policies and procedures as outlined within the minimum standards. Policies are retained both in an electronic and paper format. The manager stated that staff will be informed when policies have been updated and will be required to read them. The agency's staff handbook contains key policies and staff will be provided with a copy of handbook at the commencement of employment. A range of key policies will be discussed during the staff induction programme.

The complaints policy includes details of timescales for managing complaints in accordance with relevant legislation. Appropriate reference is made to the role of the Northern Ireland Public Service Ombudsman and RQIA in relation to the management of complaints. The organisation has an electronic system for managing complaints; information received will be reviewed by the organisation's Quality and Governance department. A record will be retained of all actions taken following the receipt of a complaint, details of the outcome of the investigation and any related learning objectives or actions required.

It was identified that staff will receive complaints awareness training as part of their induction programme. The organisation has a process in place for monitoring complaints on a monthly basis as part of the quality monitoring process. Service users will be provided with details of the complaints procedure.

The agency's quality monitoring process requires that quality monitoring audits be undertaken on a monthly basis and a report developed. The person in charge described the processes the agency plans to implement to assist them in obtaining the feedback of key stakeholders on the quality of service provision such as a satisfaction survey.

The organisation has developed a quality monitoring report template and it was noted that a range of areas will be reviewed such as staffing arrangements including recruitment, training, supervision, and registration status of staff with the relevant regulatory bodies. In addition, they will review adult safeguarding, accidents, incidents, complaints, Deprivation of Liberty Safeguards (DoLS), care plans, environmental matters, record keeping and medication.

It was noted that the process requires engagement with service users, key stakeholders and staff. This process will be completed in conjunction with the Quality and Compliance Departments within Connected Health Care.

The agency's arrangements for safeguarding service users were discussed; the agency's policy reflects the regional policy 'Adult Safeguarding Prevention and Protection in Partnership', 2015. The policy outlines the role and responsibilities of the organisations identified Adult Safeguarding Champion (ASC). The agency has a nominated ASC who will develop a safeguarding position report on an annual basis. Discussions with the manager indicated that they had a clear understanding of safeguarding procedures and the process for reporting concerns.

The manager stated that all staff will be required to complete relevant training as part of their initial induction programme and annual updates thereafter. The agency has a system for staff to report concerns including out of hours arrangements. Referrals made in relation to adult safeguarding will be reviewed on a monthly basis as part of the agency's monitoring process.

### 5.1.2 Staffing arrangements

The agency has a Recruitment and Selection policy; it details the process for staff recruitment. The manager demonstrated that they had a clear understanding of the legislative requirements in relation to the required staff pre-employment checks; they stated that staff will not be supplied for work until all checks have been completed and verified. The recruitment process will be completed in conjunction with the organisations recruitment team.

The agency has an electronic system for ensuring that the details of the required recruitment checks completed for individual staff are retained. It was noted that the agency's recruitment department manage and review all pre-employment checks and that they are verified by the recruitment manager. Discussions with the manager indicated that records would be maintained in accordance with the regulations and minimum standards.

The agency's staff handbook dated March 2023, contains a range of information for staff in relation to their role and responsibilities. It was noted that staff will be required to verify that they have received and understood the content of the handbook and any relevant policies provided. Staff will be provided with a contract of employment and a job description at the commencement of employment with the agency.

The agency has policies and procedures relating to the induction and training of staff. Discussions with the manager indicated that staff will be required to complete induction training and a range of mandatory and service users specific training in the initial three days of employment; a record will be maintained. Staff will be required to complete training with regard to the Principles of Supported Living. Staff will be required to shadow other more experienced staff employed by the agency as part of their induction.

Staff employed by the agency will be required to complete training in a range of mandatory areas which will include Fire Safety, Medication, Complaints awareness, Adult Safeguarding, Personal Safety and Health and Safety. Staff will be required to complete a range of training on an annual basis. The organisations training team has an electronic system for recording details of training completed by staff; this information will be reviewed monthly.

The agency's supervision/ appraisal policies detail the frequency of supervision and appraisal. It was identified that staff will receive quarterly supervision and annual appraisal. The agency has a proforma for recording information discussed during supervision and appraisal meetings.

The agency has a system in place for recording staff registration status with the relevant regulatory bodies such as NISCC. Details of staff registration status will be retained electronically and reviewed monthly by the manager in conjunction with the organisation's compliance team. This is also reviewed as part of the quality monitoring process. The manager advised that staff will not be supplied if they are not registered appropriately.

The manager stated that all staff are provided with a job description and contract of employment at the commencement of employment.

The agency has a process for maintaining an alphabetical list of staff; the manager stated that the list will be further developed when that agency is registered.

### **5.1.3 Service Users**

The arrangements for providing service users with the details of staff to be provided were discussed. The manager advised that service users will be introduced to all staff prior to them providing care and support. Service users will have an identified keyworker.

The agency has a process for maintaining an alphabetical list of service users; the manager advised that the list will be further developed when that agency is registered.

The agency's referral arrangements and details of the information required in relation to the service users were discussed. The agency will require the person making a referral to provide a full range of multi-disciplinary assessments, risk assessments and care plans.

Service users will be supported to engage in the assessment and care planning processes. Care plans will be audited monthly and updated as required.

Medication management policies and procedures were forwarded to RQIA in advance of inspection and approved by the senior pharmacy inspector.

#### 5.1.4 Have the applicant registered persons demonstrated their fitness for their roles and responsibilities

Providers of regulated establishments require to be registered with RQIA in accordance with Article 12 of The Health and Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, as it is an offence to carry on an establishment of any description without being registered in respect of it.

Mr Douglas Joseph Adams submitted an application to RQIA to become the registered responsible individual of Live Connected. The relevant information, supporting documentation and appropriate fees accompanied the application.

The applicant is the registered individual for a number of other registered services. A fit person interview was undertaken on 4 April 2023. Discussion with Mr Douglas Joseph Adams indicated that they had a clear understanding of their role and responsibilities as a registered person under the relevant legislation and minimum standards.

The following issues were discussed:

- responsibilities under the Domiciliary Care Agencies Regulations (Northern Ireland) 2007
- responsibilities under the Domiciliary Care Agencies Minimum Standards, 2021
- responsibilities under health and safety legislation
- recruitment responsibilities
- the management of complaints
- notification of untoward events to RQIA and other relevant bodies
- quality assurance measures to monitor and improve practice as appropriate
- Safeguarding adults and children
- adherence to professional codes of conduct

Registration of Mr Douglas Joseph Adams with RQIA as responsible individual is granted.

Live connected was required to appoint a registered manager. An application was received in respect of Miss Shauna Doyle. Review of the application for registration with RQIA is granted.

## 6.0 Conclusion

Based on the inspection findings and discussions held RQIA are satisfied that this proposed service aims to provide safe and effective care in a caring and compassionate manner; and that the service will be well led by the manager/management team within the organisation.

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Miss Shauna Doyle, Registrant Manager, and the Chief Operating Officer, as part of the inspection process and can be found in the main body of the report.



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